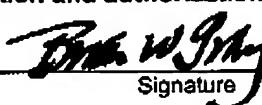| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | Docket Number (Optional)<br>52498/42 |
|---|---|

| In re Application of:  Joseph Rocco Pacione |
|---|

| Application Number:  10/004,834 | Filed: 12/07/2001 |
|---|---|

| Anchor Sheet and Attachment Devices |
|---|

| Group Art Unit:  3635 | Examiner:  CHAPMAN, Jeanette E. |
|---|---|

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows:

(check time period desired):

| ☐ | One month (37 CFR 1.17(a)(1)) | $_____ |
|---|---|---|
| ☒ | Two months (37 CFR 1.17(a)(2)) | $      420 |
| ☐ | Three months (37 CFR 1.17(a)(3)) | $_____ |
| ☐ | Four months (37 CFR 1.17(a)(4)) | $_____ |
| ☐ | Five months (37 CFR 1.17(a)(5)) | $_____ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: $_____.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number ____02-2553____. I have enclosed a duplicate copy of this sheet.

I am the

| ☐ | applicant/inventor |
|---|---|
| ☐ | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) |
| ☒ | attorney or agent of record.  Registration Number ___30,017___ |
| ☐ | attorney or agent under 37 CFR 1.34(a) |

Registration number if acting under 37 CFR 1.34(a)._____.

**WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038**

| January 19, 2004 | _(signature)_ |
|---|---|
| Date | Signature |
| (416) 823-3256 | Brian W. Gray |
| Telephone Number | Typed or printed name: |

Note: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of ____1____ forms are submitted